NONPROVISIONAL PATENT APPLICATIO

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PLC Attorney Docket No.: 118087 P.O. Box 19928 Alexandria, Virginia 22320 Date: December 23, 2003 Telephone: (703) 836-6400 Facsimile: (703) 836-2787 MAIL STOP PATENT APPLICATION Customer Number: 27074 NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)** Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application IMPROVED STRESS RELEASE METHOD AND APPARATUS For (Title): By (Inventors): Robert C.U. YU, John J. DARCY, Michael S. ROETKER, Scott GRIFFIN, Felix J. SANTANA, and Satchidan and MISHRA Formal drawings Informal drawings (Figs. 1-6; 6 sheets) are attached. Use Figure 3 for front page of Publication. A Declaration and Power of Attorney is filed herewith. This application claims benefit of Provisional Application No. _____ filed __ (A Preliminary Amendment is attached to reflect this claim in the Specification if not already This patent application is assigned to Xerox Corporation. The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. A Preliminary Amendment is filed herewith. This application is NOT to be published under 35 U.S.C. 122(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication of applications 18 months after filing.

The filing fee is calculated below:

CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 770
TOTAL CLAIMS	30 - 20	= 10	x 18	\$ 180
INDEP CLAIMS	2 - 3	= 0	x 86	\$
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED			+290	\$
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Respectfully submitted,

James A. Oliff Registration No. 27,075

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JAO:JSA

The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 24-0037. Two duplicate copies of this sheet are attached.